

**Recipient Committee
Campaign Statement
Cover Page**

(Government Code Sections 84200-84216.5)

Type or print in ink.

COVER PAGE

F I L E D	
Date Stamp	
CALIFORNIA 460	
2001/02 FORM	
Page <u>1</u> of <u>7</u>	
For Official Use Only	
SEE INSTRUCTIONS ON REVERSE	

Statement covers period

from 10/20/02 through 12/31/02

Date of election if applicable:

(Month, Day, Year)

JAN 3 12003

Date of election if applicable:

(Month, Day, Year)

JAN 3 12003

Date of election if applicable:

(Month, Day, Year)

11/05/02

Date of election if applicable:

(Month, Day, Year)

CITY OF SANTA MARIA

By:

City Clerk

By:

**Recipient Committee
Campaign Statement
Cover Page — Part 2**

Type or print in ink.

COVER PAGE—PART 2

CALIFORNIA FORM 460

Page 2 of 7

5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE	NAME OF BALLOT MEASURE		
Alice Patino	BALLOT NO. OR LETTER	JURISDICTION	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)			
City Council - City of Santa Maria			
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET)	CITY	STATE	ZIP
2450 Professional Pkwy., Suite 220	Santa Maria	CA	93455

Related Committees Not Included in this Statement: List any committees *not included in this statement that are controlled by you or are primarily formed to receive contributions or make expenditures on behalf of your candidacy.*

COMMITTEE NAME	I.D. NUMBER	CONTROLLED COMMITTEE?	<input type="checkbox"/> YES <input type="checkbox"/> NO
NAME OF TREASURER		STREET ADDRESS (NO P.O. BOX)	
COMMITTEE ADDRESS		STATE	AREA CODE/PHONE
CITY			
COMMITTEE NAME	I.D. NUMBER	CONTROLLED COMMITTEE?	<input type="checkbox"/> YES <input type="checkbox"/> NO
NAME OF TREASURER		STREET ADDRESS (NO P.O. BOX)	
COMMITTEE ADDRESS		STATE	AREA CODE/PHONE
CITY			

6. Ballot Measure Committee

NAME OF OFFICEHOLDER OR CANDIDATE	NAME OF BALLOT MEASURE		
Alice Patino	BALLOT NO. OR LETTER	JURISDICTION	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)			
Identify the controlling officeholder, candidate, or state measure proponent, if any.			
NAME OF OFFICEHOLDER, CANDIDATE, OR PROPOSER			

7. Primarily Formed Committee List names of officeholder(s) or candidate(s) for which this committee is primarily formed.

NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	DISTRICT NO. IF ANY
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE

Attach continuation sheets if necessary

**Campaign Disclosure Statement
Summary Page**

Type or print in ink.
Amounts may be rounded
to whole dollars.

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Alice Patino for City Council

CALIFORNIA 460	
FORM	
Statement covers period from <u>10/20/02</u>	through <u>12/31/02</u>
Page <u>3</u> of <u>7</u>	
I.D. NUMBER <u>1227669</u>	

Contributions Received		Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE	Calendar Year Summary for Candidates Running in Both the State Primary and General Elections	
1. Monetary Contributions	Schedule A, Line 3	\$ <u>2479.12</u>	\$ <u>12,378.12</u>	20. Contributions Received	\$ <u>0.00</u>
2. Loans Received	Schedule B, Line 3	\$ <u>0.00</u>	\$ <u>0.00</u>	21. Expenditures Made	\$ <u>0.00</u>
3. SUBTOTAL CASH CONTRIBUTIONS	Add Lines 1 + 2	\$ <u>2479.12</u>	\$ <u>12,378.12</u>		
4. Nonmonetary Contributions	Schedule C, Line 3	\$ <u>0.00</u>	\$ <u>0.00</u>		
5. TOTAL CONTRIBUTIONS RECEIVED	Add Lines 3 + 4	\$ <u>2479.12</u>	\$ <u>12,378.12</u>		
Expenditures Made				Expenditure Limit Summary for State Candidates	
6. Payments Made	Schedule E, Line 4	\$ <u>1748.28</u>	\$ <u>12,066.98</u>	22. Cumulative Expenditures Made*	\$ <u>0.00</u>
7. Loans Made	Schedule H, Line 3	\$ <u>0.00</u>	\$ <u>0.00</u>	Date of Election (mm/dd/yy)	
8. SUBTOTAL CASH PAYMENTS	Add Lines 6 + 7	\$ <u>1748.28</u>	\$ <u>12,066.98</u>	Total to Date	
9. Accrued Expenses (Unpaid Bills)	Schedule F, Line 3	\$ <u>0.00</u>	\$ <u>0.00</u>		
10. Nonmonetary Adjustment	Schedule C, Line 3	\$ <u>0.00</u>	\$ <u>0.00</u>		
11. TOTAL EXPENDITURES MADE	Add Lines 8 + 9 + 10	\$ <u>1748.28</u>	\$ <u>12,066.98</u>		
Current Cash Statement				To calculate Column B, add amounts in Column A to the corresponding amounts from Column B of your last report. Some amounts in Column A may be negative figures that should be subtracted from previous period amounts. If this is the first report being filed for this calendar year, only carry over the amounts from Lines 2, 7, and 9 (if any).	
12. Beginning Cash Balance	Previous Summary Page, Line 16	\$ <u>840.28</u>			
13. Cash Receipts	Column A, Line 3 above	\$ <u>2479.12</u>			
14. Miscellaneous Increases to Cash	Schedule I, Line 4	\$ <u>.87</u>			
15. Cash Payments	Column A, Line 8 above	\$ <u>1748.28</u>			
16. ENDING CASH BALANCE	Add Lines 12 + 13 + 14, then subtract Line 15	\$ <u>1571.99</u>			
<i>If this is a termination statement, Line 16 must be zero.</i>					
17. LOAN GUARANTEES RECEIVED	Schedule B, Part 2	\$ <u>0.00</u>			
Cash Equivalents and Outstanding Debts				<i>See instructions on reverse</i>	
18. Cash Equivalents	See instructions on reverse	\$ <u>0.00</u>			
19. Outstanding Debts	Add Line 2 + Line 9 in Column B above	\$ <u>0.00</u>			

*Since January 1, 2001. Amounts in this section may be
different from amounts reported in Column B.

Schedule A Monetary Contributions Received

Type or print in ink.
Amounts may be rounded to whole dollars.

Monetary Contributions Received		CALIFORNIA FORM																																																																	
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<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2" style="text-align: left; padding: 5px;">NAME OF FILER</td> <td colspan="2" style="text-align: left; padding: 5px;">I.D. NUMBER 1227669</td> </tr> <tr> <td colspan="4" style="text-align: center; padding: 10px;">Alice Patino for City Council</td> </tr> <tr> <td style="width: 15%; text-align: right; padding: 5px;">DATE RECEIVED</td> <td colspan="2" style="width: 60%; text-align: left; padding: 5px;">FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)</td> <td style="width: 25%; text-align: left; padding: 5px;">CONTRIBUTOR CODE *</td> </tr> <tr> <td style="text-align: right; padding: 5px;">10/21/02</td> <td colspan="2" style="text-align: left; padding: 5px;">Betteravia Farms, LLC P.O. Box 5845 Santa Maria, CA 93456</td> <td style="text-align: left; padding: 5px;"> <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC </td> </tr> <tr> <td style="text-align: right; padding: 5px;">10/29/02</td> <td colspan="2" style="text-align: left; padding: 5px;">Nuevo Energy Co. 1221 Lamar St. Suite 1600 Houston, TX 77010</td> <td style="text-align: left; padding: 5px;"> <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC </td> </tr> <tr> <td style="text-align: right; padding: 5px;">11/15/02</td> <td colspan="2" style="text-align: left; padding: 5px;">Friends of Abel Maldonado (#980583) 250 Kathleen Ct. Santa Maria, CA 93454</td> <td style="text-align: left; padding: 5px;"> <input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC </td> </tr> <tr> <td colspan="4" style="text-align: right; padding: 10px;"> SUBTOTAL \$ <u>1600.00</u> </td> </tr> <tr> <td colspan="4" style="text-align: center; padding: 10px;">PER ELECTION TO DATE (JAN. 1 - DEC. 31)</td> </tr> <tr> <td colspan="2"></td> <td style="text-align: center; padding: 5px;">AMOUNT RECEIVED THIS PERIOD</td> <td style="text-align: center; padding: 5px;">CUMULATIVE TO DATE</td> </tr> <tr> <td colspan="2"></td> <td style="text-align: center; padding: 5px;">1000.00</td> <td style="text-align: center; padding: 5px;">1000.00</td> </tr> <tr> <td colspan="2"></td> <td style="text-align: center; padding: 5px;">500.00</td> <td style="text-align: center; padding: 5px;">500.00</td> </tr> <tr> <td colspan="2"></td> <td style="text-align: center; padding: 5px;">100.00</td> <td style="text-align: center; padding: 5px;">100.00</td> </tr> <tr> <td colspan="2"></td> <td style="text-align: center; padding: 5px;">1000.00</td> <td style="text-align: center; padding: 5px;">G02 1000.00</td> </tr> <tr> <td colspan="2"></td> <td style="text-align: center; padding: 5px;">500.00</td> <td style="text-align: center; padding: 5px;">G02 500.00</td> </tr> <tr> <td colspan="2"></td> <td style="text-align: center; padding: 5px;">100.00</td> <td style="text-align: center; padding: 5px;">G02 100.00</td> </tr> <tr> <td colspan="2"></td> <td style="text-align: center; padding: 5px;">1600.00</td> <td style="text-align: center; padding: 5px;"></td> </tr> </table>				NAME OF FILER		I.D. NUMBER 1227669		Alice Patino for City Council				DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CONTRIBUTOR CODE *	10/21/02	Betteravia Farms, LLC P.O. Box 5845 Santa Maria, CA 93456		<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	10/29/02	Nuevo Energy Co. 1221 Lamar St. Suite 1600 Houston, TX 77010		<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	11/15/02	Friends of Abel Maldonado (#980583) 250 Kathleen Ct. Santa Maria, CA 93454		<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	SUBTOTAL \$ <u>1600.00</u>				PER ELECTION TO DATE (JAN. 1 - DEC. 31)						AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE			1000.00	1000.00			500.00	500.00			100.00	100.00			1000.00	G02 1000.00			500.00	G02 500.00			100.00	G02 100.00			1600.00	
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Schedule A Summary

1. Amount received this period – contributions of \$100 or more.
(Include all Schedule A subtotals.)
2. Amount received this period – unitemized contributions of less than \$100
3. Total monetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, C)

*Contributor Codes
IND – Individual
COM – Recipient Committee
(other than PTY or SCC)
OTH – Other
PTY – Political Party
SCC – Small Contributor Committee

FPPC Form 460 (June/01)
FPPC Toll-Free Helpline: 866/ASK-FPPC

Schedule E Payments Made

CALIFORNIA 460	
FORM	
Statement covers period from <u>10/20/02</u>	to <u>12/31/02</u>
through <u>12/31/02</u>	
Page <u>5</u> of <u>7</u>	
I.D. NUMBER <u>1227669</u>	

Type or print in ink.
Amounts may be rounded
to whole dollars.

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

Alice Patino for City Council

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP	campaign paraphernalia/misc.	MBR	member communications
CNS	campaign consultants	MTG	meetings and appearances
CTB	contribution (explain nonmonetary)*	OFC	office expenses
CVC	civic donations	PET	petition circulating
FIL	candidate filing/ballot fees	PHO	phone banks
FND	fundraising events	POL	polling and survey research
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services
LEG	legal defense	PRO	professional services (legal, accounting)
LIT	campaign literature and mailings	PRT	print ads

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Benedetti & Assoc. CPA, Inc. 2151 S. College Dr., Suite 101 Santa Maria, CA 93455	PRO		475.00
KIDI Radio/La Buena 104 W. Chapel St. Santa Maria, CA 93454	RAD		670.00
Santa Maria Sun 1954 S. Broadway Santa Maria, CA 93454	PRT		250.00
			SUBTOTAL \$ 1395.00

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

Schedule E Summary

1. Payments made this period of \$100 or more. (Include all Schedule E subtotals.)
2. Unitemized payments made this period of under \$100
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.)

\$ 1609.05
\$ 139.23
\$ 0.00
TOTAL \$ 1748.28

**Schedule E
(Continuation Sheet)
Payments Made**

Type or print in ink.
Amounts may be rounded
to whole dollars.

California 460 Form

SEE INSTRUCTIONS ON REVERSE
NAME OF FILM

Alice Patino for City Council

CODES: If one of the following codes accurately describe your campaign, explain:
CMP campaign paraphernalia/misc.
CNS campaign consultants
CTB contribution (explain nonmonetary)*
CYC civic donations
FIL candidate filing/ballot fees
FND fundraising events
IND independent expenditure supporting/opposing others (explain)*
LEG legal defense
LIT campaign literature and mailings

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP	campaign paraphernalia/misc.
CNS	campaign consultants
CTB	contribution (explain nonmonetary)*
CVC	civic donations
FIL	candidate filing/ballot fees
FND	fundraising events
IND	independent expenditure supporting/opposing others (explain)*
LEG	legal defense
LIT	campaign literature and mailings
MBR	member communications
MTG	meetings and appearances
OFC	office expenses
PET	petition circulating
PHO	phone banks
POL	polling and survey research
POS	postage, delivery and messenger services
PRO	professional services (legal, accounting)
PRT	print ads
RAD	radio airtime and production costs
RFD	returned contributions
SAL	campaign workers' salaries
TEL	t.v. or cable airtime and production costs
TRC	candidate travel, lodging, and meals
TRS	staff/spouse travel, lodging, and meals
TSF	transfer between committees of the same candidate/sponsor
VOT	voter registration
WEB	information technology costs (internet, e-mail)

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	DESCRIPTION OF PAYMENT		AMOUNT PAID
	CODE	OR	
USPS 201 E. Battles Rd.	POS		214.05

* Document 14. About one month before the election, an independent committee must also be summarized on Schedule N.

SUBTOTAL \$ 214.05

FPPC Form 460 (June/01)
FPPC Toll-Free Helpline: 866/ASK-FPPC

Schedule I Miscellaneous Increases to Cash

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE I
CALIFORNIA FORM 460

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

Alice Patino for City Council

**AMOUNT OF
INCREASE TO CASH**

FULL NAME AND ADDRESS OF SOURCE
(IF COMMITTEE, ALSO ENTER I.D. NUMBER)

DATE
RECEIVED

Attach additional information on appropriately labeled continuation sheets.

Schedule | Summary

1. Increases to cash of \$100 or more this period	\$ 0.00
2. Unitemized increases to cash under \$100 this period	\$.87
3. Total of all interest received this period on loans made to others. (Schedule H, Column (e):)	\$ 0.00
4. Total miscellaneous increases to cash this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, line 14.)	\$.87
	TOTAL

FPPC Form 460 (June/01)
FPPC Toll-Free Helpline: 866/ASK-FPPC